## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

D02847



## FILED Apr 14, 2003 8:00 am § Secretary of State

| 1. Entity Name TESTERION, INC.   |   |   |  |  |   |   |                              | 04-14-2003 90061   | 1 004 ***150                            | 0.00                                     |  |
|--|---|---|--|--|---|---|------------------------------|--|---|--|--|
| Principal Piace of Business<br>1445 S. ALLEC ST.<br>ANAHEIM CA 92805   |   |   | Mailing Address<br>1445 S. ALLEC ST.<br>ANAHEIM CA 92805 |  |   |   |                              |  |   |  |  |
| 2. Principal Place of Business   |   |   | 3. Mailing Address                                       |  |   |   |                              |  |   |  |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.                                      |  |   |   |                              | CHECK HERE IF MAKING CHANGES                             |   |  |  |
| City & State   |   |   | City & State   |  |   | 4.  | FEI Number <b>95-3624404</b> |  | Applied For<br>Not Applicable           |  |  |
| Zip  |   | Country   | Zip  |  | Coun  | itry  | 5. (                         | Certificate of Status Desired                            | \$8.75 Ac<br>Fee Requir                 |  |  |
|  | 6. Name   | and Address of Current I  | Registere  | d Agent                                |   |   | 7, 1                         | Name and Address of New Register                         | red Agent                               |  |  |
| MONDOUR  | V OLIDIOTO  | OUED A  |  |  |   | Name  |                              | ,  |   |  |  |
|  | X, CHRISTO  |   |  | Street Address                         |   |   | s (P.O. B                    | (P.O. Box Number is Not Acceptable)                      |   |  |  |
|  | EMORAN B  | LVD   |  |  |   |   |                              | ·  |   |  |  |
| ORLANDO  | ) FL 32822  |   |  |  |   |   |                              |  |   |  |  |
|  |   |   |  |  |   | City  |                              |  | FL Zip Co                               | de                                       |  |
|  | named entity<br>tions of regist   |   | the purpo  | ose of changing its                    | register  | ed office or regist   | tered ag                     | ent, or both, in the State of Fiorida. I                 | am familiar with                        | n, and accept                            |  |
| SIGNATURE .  | Signature, typed  | or printed name of registered agent a   | nd title if anoli  | icable (NOTE                           | . Pacinton  | d Agent signature requir  | red when re                  | pinetating) DA   | ATE                                     |  |  |
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| After<br>Make Check  | ILE NOW!!<br>r May 1, 200   | ! FEE IS \$150.00<br>03 Fee will be \$550.00  | State  | RS                                     | 11.   |   |                              | 9. Election Campaign Financing                           | S5.0 Adde                               | ed to Fees                               |  |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee exployered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address, with all other like empowered.

**SIGNATURE:**